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## BIB DATA SHEET

CONFIRMATION NO. 8852

<b>SERIAL NUMBER</b> 10/593,376	<b>FILING or 371(c) DATE</b> 07/09/2007 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3734	<b>ATTORNEY DOCKET NO.</b> 8627-1391 (PA-5511-PCT/US)		
<b>APPLICANTS</b> David G. Burton, Bloomington, IN; Christopher G. Dixon, Bloomington, IN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/10534 03/29/2005 which claims benefit of 60/558,622 03/31/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/29/2007						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/BRIAN J GRAHAM/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> BRINKS HOFER GILSON & LIONE/CHICAGO/COOK PO BOX 10395 CHICAGO, IL 60610 UNITED STATES						
<b>TITLE</b> Medical Balloon With Enlarged Transitional Radii						
<b>FILING FEE RECEIVED</b> 1430	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			